

ARIZONA STATE HOSPITAL

1971 \approx 1972



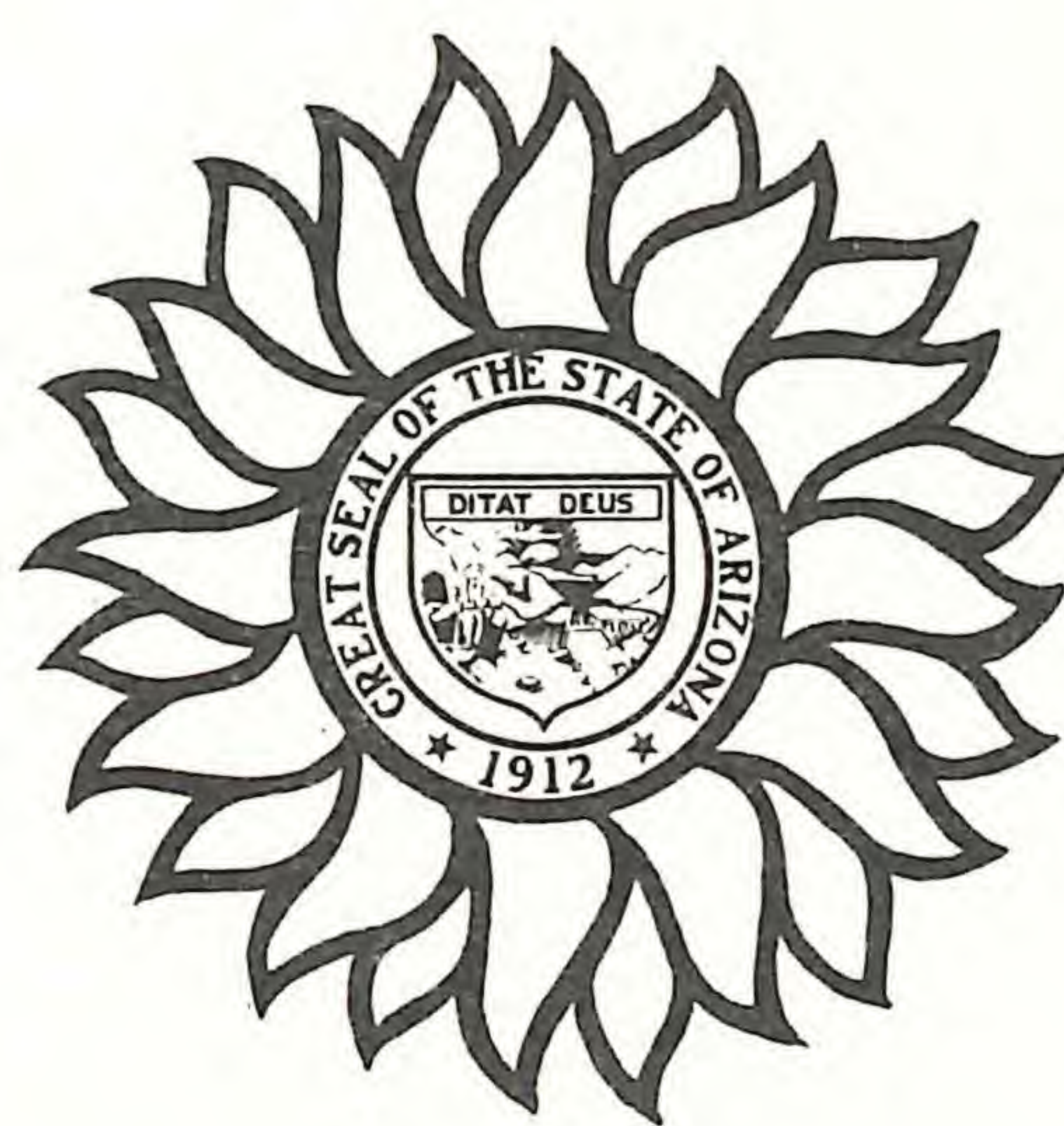
ANNUAL REPORT

ARIZONA STATE HOSPITAL

WILLIS H. BOWER, M.D., SUPERINTENDENT

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1971-1972

ANNUAL REPORT



Arizona State Hospital Board
Phoenix, Arizona

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PHOENIX, ARIZONA

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August 1, 1972

The Honorable Jack Williams
Governor
State of Arizona
1700 West Washington Street
Phoenix, Arizona 85007

Dear Governor,

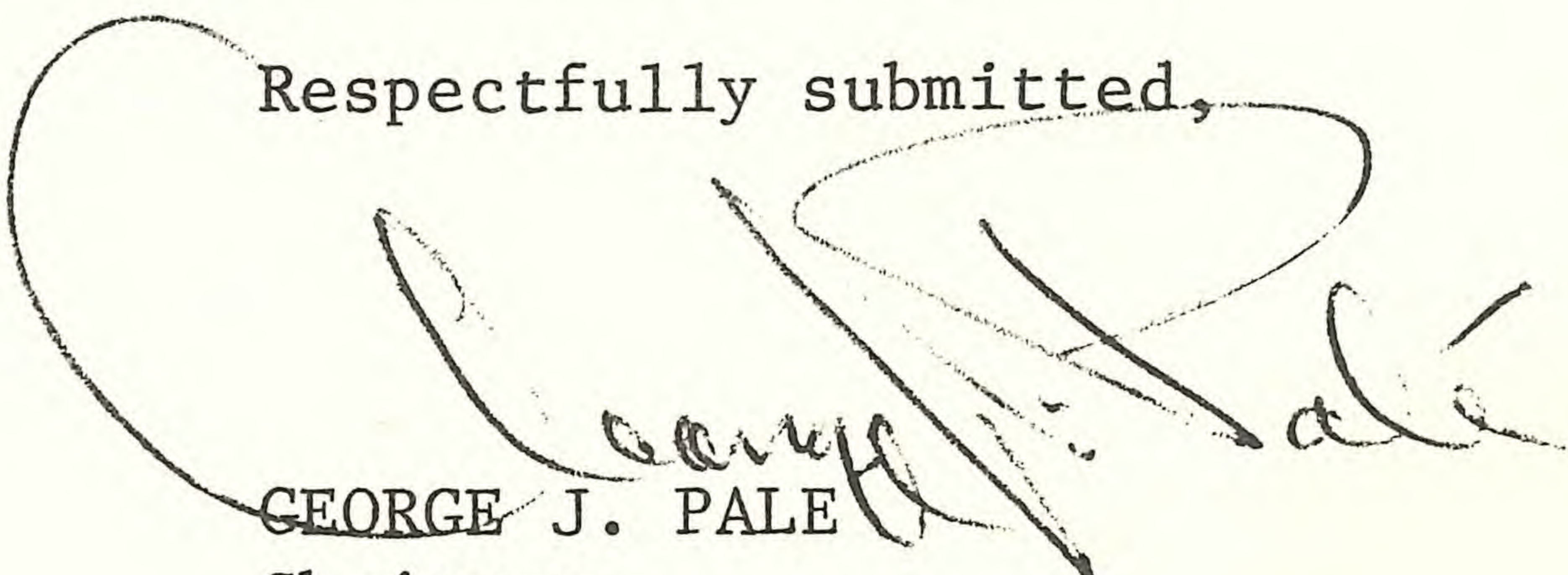
It appears that the operations of the State Hospital have reached a turning point in the road toward adequate care of patients. The legislature has appropriated funds in an amount which has enabled us to establish a reasonable staff-to-patient ratio. The effectiveness of this situation has been a major factor in the steady reduction in the population of the hospital, along with our community programs and the extremely effective activities of the Southern Arizona Mental Health Center. A summary of the activities of the Southern Arizona Mental Health Center, community programs, and county participation are spelled out in detail by Dr. Willis H. Bower, the superintendent of the hospital, in his report.

Since we are now able to see the light down the road in the operation of the hospital, in my opinion two major problems are facing the state in the area of mental health care. First is the establishment of a single state agency to have the responsibility of establishing a structure for the overall funding and operational criteria for the various activities, state, county, regional and local, in the area of mental health.

Once this agency has been established it follows that adequate funds, along with available federal funds, should be provided on the state level. Studies are now being made to determine which is the most equitable manner to distribute these funds and to further determine the total amount to be requested from the legislature to implement the program.

I sincerely feel that Dr. Bower and his staff have performed admirably in the pursuit of the goals for which the State Hospital was established. I am certain we can look forward to another year of continued progress.

Respectfully submitted,


GEORGE J. PALE
Chairman

GJP:mw

Report of the Superintendent

I. THE IMPROVED CONDITION OF THE ARIZONA STATE HOSPITAL

During the past year, a significant decrease in patient census brought the hospital to a point that staff-patient ratios became reasonably adequate in most areas. Such reduction in patient census, continuing a trend of the last seven years, allows for the planning and development of better programs for patient care. Thus, the hospital finds itself relieved of the traditional oppressive burden of state hospitals, that of an insufficient number of staff overwhelmed by a patient load too great in number. State hospitals have traditionally found that just trying to keep up with minimum essentials dictates the staff routine and precludes choice as to how energy is used. The present improved condition of the Arizona State Hospital allows the staff and administration of the hospital to choose to a reasonable degree what it does. The choices have to do with (1) inpatient programs more specifically structured for the betterment of patients' conditions, and (2) programs more directed toward short hospital stays combined with outpatient treatment or, even better, programs directed toward treatment without admission to the hospital at all.

When inpatient programs are poorly staffed, energies are used up in housekeeping activities, and little or no energy is left for other treatment efforts. This situation, ordinarily referred to as "custodial," constitutes a predicament into which state hospitals generally have fallen and which can be broken out of only by somehow achieving sufficient staff combined with distinct program restructuring which sets forth what the staff is supposed to do. If a state hospital can extricate itself from this predicament, the restructured programs designed to treat patients with shorter inpatient stays or without inpatient stays, although requiring highly skilled staff, are, on the other hand, probably not much more expensive than the custodial program. However, the important matter is not that of economy, but is something which can be expressed as follows: While inpatient treatment is in some instances necessary, generally, inpatient treatment in state hospitals has been grossly overused, and much can be done for patients without admission and separation from home and community.

II. PROGRAM RESTRUCTURING

Program restructuring has been started at the Arizona State Hospital, and extensive planning has taken place in recent months. The rationale is not complicated. The geographic relationship of general treatment divisions, started at the Arizona State Hospital in 1966, served an important purpose in permitting the development of certain hospital-community relationships. However, certain changes in community situations, together with changes in the internal needs of the hospital resulting from the reduction of the patient census, now make it more important to develop the internal programs of these general divisions. In the earlier situation, each unit which was geographically oriented was supposed to be able to carry out all treatments for all types of patients. Now, the residual population consists of patients with conditions more difficult to treat, and specialized program activity matched to patients' needs becomes the dominant consideration. Thus, restructuring of programs will involve the dismantling of the geographic orientation of four of the general psychiatric units and the development of new, specifically structured internal programs

for these units which will give the staff direction and which will meet the needs of the present patient population.

Program changes already accomplished include: The inception of the Social Learning Program, a highly structured behavior modification program; an organized "reality orientation" program on the Geriatrics Division; an organized "work coordinated" program on the Maximum Security Division; and development of a token economy program for certain patients on the Mental Retardation Division. These changes have been added to organized programs already in existence, such as therapeutic communities on some divisions, and the behavior modification program for certain long-stay schizophrenic patients described in the previous annual report.

A significant effort should now be devoted to screening, evaluation and emergency care activities. For reasons previously mentioned, it is hoped that a large number of patient problems can be managed without admitting the patients. Resources which may serve as alternatives to inpatient treatment are now being further encouraged and developed and will be more available in the future, and the screening, evaluation and emergency care unit which will have access to them needs further resources to use them effectively. In addition, the range of inpatient units specifically designed for various categories of patients resulting from the hospital restructuring require more intensive screening and evaluation if proper use is to be made of them.

One further example of the restructuring and planning taking place is in order. Cooperation with the Maricopa County Mental Health Services will hopefully integrate the Maricopa County Hospital psychiatric wing and other county activities into a coordinated system. This system will emphasize coordinated activities in Maricopa County other than those in the Phoenix South Catchment Area, in which a special cooperative relationship, involving the Arizona State Hospital, the St. Luke's - Jane Wayland Comprehensive Community Mental Health Center, and the Maricopa County Mental Health Services, has already been developed.

III. WHAT ENABLES THE HOSPITAL TO RESTRUCTURE ITS PROGRAMS?

What allows us to plan to break up older patterns of organization and restructure our programs? The answer is probably no single thing, but is to be found in a number of changes which have taken place; some changes have taken place gradually and over a period of years, while others have taken place more recently. A distinct point in time has been reached, however, so that there is now a definite and visible manifestation of these changes.

This manifestation is the present reasonably adequate patient-staff ratio in most areas. The present patient-staff ratio is the overt factor which allows for restructuring and hence permits the hospital to better carry out its proper function.

Indeed, the whole situation might be thought of as analogous to the formation and breakup of a log jam in a river or of an automobile traffic jam. In the case of the hospital, the accumulation of patients to the degree that they overwhelmed the staff's ability to care for them caused a jam which hampered the proper functioning of the hospital. As the number of patients entering the hospital was gradually reduced and the number of staff increased, proper attention was given to those accumulated patients and to the fewer new patients so that the newer ones stayed only the proper time and the accumulated ones began to be discharged. This alleviated the hospital's jam and is permitting the hospital to restructure for better patient care.

Included in the changes contributing to the improved situation are the following:

1. The Southern Arizona Mental Health Center, the Pima County Hospital, the Department of Psychiatry of the University of Arizona Medical School, and other Pima County resources, acting in concert, have produced in fact a community mental health center of amazing effectiveness. To a considerable degree, these developments were described in the annual report of 1970-71, and, to discuss them adequately would require a report of considerable length. (There is some additional description in the section entitled "The Programs in Close-up.") Pima County, constituting twenty percent of the population of the State, now contributes only seven percent of the entries to the Arizona State Hospital because of the sufficiency of the Pima County Combined Program.

2. The hospital began an extensive involvement with the St. Luke's-Jane Wayland Comprehensive Community Mental Health Center, serving the Phoenix South Catchment Area, in late September, 1971. It was generally patterned upon the organization of the Pima County Combined Program of mental health services and an agreement somewhat similar to the one employed in the Pima County Combined Program was written among the Arizona State Hospital, the St. Luke's Hospital Medical Center, and the Maricopa County Department of Health Services. These developments have been slow to reach full effectiveness, but this appears to be related to the fact that the Phoenix South Catchment Area embodies mental health problems of near overwhelming magnitude. The Phoenix South Catchment Area has traditionally produced a large number of admissions to the Arizona State Hospital: In fiscal year 1970-71, it produced 38 percent of the entries from Maricopa County, even though its population constituted only 16 percent of Maricopa County. That same year it produced 24 percent of the entries from the state of Arizona even though its population constituted only 9 percent of the State. The Maricopa I Division has been particularly involved in the relationship with the Phoenix South Catchment Area in these developments, and there will be a special detachment of the hospital staff so involved as the development continues.

3. A redirection of the Maricopa County Mental Health Services started in July, 1971, and has produced a considerable number of changes. There has been a conscious effort to reduce the number of patients committed as well as an effort to make appropriate initial assignments of patients to inpatient services: This has improved upon a former tendency of admitting patients too readily to the Maricopa County General Hospital psychiatric ward and then transferring them after commitment to the Arizona State Hospital without a truly adequate search for alternatives to such commitment being made. Increased cooperation between state hospital personnel and county mental health services personnel has resulted in better services due to appropriate cross-referral of patients when this is desirable for the patients' best interests and due to attempts to avoid commitment.

4. Various community resources have developed and improved psychiatric services for citizens in various parts of the State. Such better care results in a smaller number of inappropriate admissions to the state hospital. It is not possible here to discuss all of these services, but outstanding are the strengthening of the Northern Arizona Comprehensive Guidance Center, Inc., which renders services to the five northern counties of the State; the work of the Yuma County Guidance Clinic, Inc.; and the efforts of mental health centers in Maricopa County (additional to the St. Luke's-Jane Wayland Comprehensive Community Mental Health Center), such as the Tri-City Mental Health Center, the Arizona Foundation Comprehensive Mental Health Center, and the Mental Health Center of the St. Joseph's Hospital and Medical Center. It should also be mentioned that private mental health services have also undoubtedly improved and, in ways not easily measurable, have probably removed certain pressures from the Arizona State Hospital.

5. The Arizona State Hospital has undertaken to help with development of community psychiatric services in several instances where this seemed not to be going fast enough with respect to dealing with Arizona State Hospital patients. The hospital has provided a position in Bisbee (Cochise County) specifically to assist with ex-patients of the Arizona State Hospital or with persons who might become patients of the Arizona State Hospital. This was worked out cooperatively with local agencies. Also, a group of four persons within the Southern Division have been designated to assist various counties (Pinal, Graham, Greenlee, Cochise, and Santa Cruz) and mental health facilities within those counties in their relationships with, and use of, the Arizona State Hospital.

6. A distinct improvement in the management of older patients has taken place. Communities have been more willing to make arrangements for the care of these patients without commitment to the Arizona State Hospital. There were twenty-six patients from Pima County on the Geriatrics Division of the Arizona State Hospital on June 30, 1970; now there are only fourteen. Maricopa County has been somewhat slower to act in this matter but, nonetheless, there has been improvement. There were one hundred patients on the Geriatrics Division on June 30, 1970; now there are only eighty-five.

7. The hospital staff has increased in absolute number and the staff-patient ratio has also increased. In May, 1968, the staffing pattern provided for a total of 758 personnel, including the Southern Arizona Mental Health Center; in May, 1972, it was 838, and after July 1, 1972, it will be 935. These increases came about due to several successive increases in appropriations granted by the legislature. The additional factor of the decline in the patient census has, of course, brought about an improvement in staff-patient ratios that is even greater than the improvement due to an increase in absolute number of staff alone.

8. The hospital staff has quite clearly developed a better consciousness of the value of structured programs with planned effectiveness. While there are probably a number of reasons, at least three can be pointed to quite definitely. First, staff stability has considerably improved; second, the mental health worker and technician program, undertaken in 1968, has now developed to the point that these classes of personnel with their considerable sophistication exist in better number; and third, staff development programs, sponsored by a National Institute of Mental Health Grant, have aimed at developing awareness of the need for better programs for the past six years.

9. Number 1 of Volume 13 of the *Arizona Law Review*, 1971, was devoted to "The Administration of Psychiatric Justice: Theory and Practice in Arizona," and included an extensive review of court practices. The article stimulated discussion and thought. Some change in court procedures could be noted thereafter, whether related to this article or not. Persons in Pima County, in recent months, have been actively represented during the commitment process by law students working under supervision, and alternatives to commitment have been sought. In Maricopa County, court procedures have been conducted with care, and the court appears to be working in sympathy with the Maricopa County Mental Health Services in attempting to avoid commitment whenever possible.

10. Gradual improvement in the working relationships with the Department of Mental Retardation has reduced the number of emergency and seemingly inappropriate admissions of mentally retarded persons to the Arizona State Hospital.

IV. IMPROVEMENTS IN THE QUALITY OF MENTAL HEALTH SERVICES DELIVERED DESPITE MAJOR OBSTACLES

A major part of the annual report of the previous year was devoted to detailing what were the obstacles in Arizona to the provision of quality mental health services, particularly the fact that the legislature had not unified mental health services. Improvements have occurred, so it seems obvious that the obstacles have either not been so great as to prevent a certain amount of progress or have been removed, at least in part. Furthermore, if obstacles are not absolute in their effect, it is possible at times organizations facing those obstacles work even harder to accomplish their missions. It appears that this last statement may be, to a degree, what is happening in Arizona in several sectors; not only the state hospital, but also several county governments and voluntary community mental health agencies have worked hard, and cooperative relationships have emerged despite the fact that no law prescribes this or even assists with it.

The chief obstacle and problem remains: There is in Arizona no unification of mental health services, no modern mental health law, no department of mental health nor comparable agency. In fact, during the 1972 legislative session, no bill to unify mental health services was even introduced, contrasting with legislative sessions in 1968, 1969, 1970, and 1971, in which mental health legislation was introduced and then defeated. However, in response to the mandate of House Bill 5 of 1971, which became A.R.S. Section 36-125.01, the Arizona Health Planning Authority formed a working group which had several meetings between November, 1971, and February, 1972. The work of this group resulted in recommendations which were incorporated into the "Report and Proposal for Organization of Mental Health Services in Arizona," April, 1972, and the recommendations included a call for unification of mental health services within a department of mental health.

Local mental health planning carried out as a part of areawide comprehensive health planning under the aegis of the so-called "B" agencies has been fruitful in Pima County. It has been singularly unfruitful in Maricopa County, and this lack of success is another obstacle to providing quality mental health services. Somehow, no strong mental health organization has developed in Maricopa County, and the Mental Health Task Force of the Comprehensive Health Planning Council of Maricopa County has, since its inception, served mostly as an arena of conflict for mental health service agencies. These conflicts have not resulted in any program nor have they been resolved except that the resolution of a "zero option" for the development of local mental health services has continued and is, without doubt, the desired resolution of some participants. Citizens not identified with agencies have simply not stepped forth in sufficient strength to do anything. Thus, agencies in Maricopa County which bear the responsibility of providing services to the citizens of Maricopa County continue to do so without the assistance of any community planning.

There is a further obstacle caused by a combination of interrelated problems in Arizona: The nature of the Arizona welfare payments; the fact that Arizona does not have Medicaid; and the fact that counties in Arizona are, by law, responsible for providing medical care to the indigent. These complexities combined with the lack of a mental health law leave the care of some patients in a no-man's-land where buck-passing is invited. Welfare payments are sufficient to maintain certain patients in some boarding homes, but not in others. They are not sufficient to maintain patients in sheltered-care homes, nor in nursing homes, but, instead for such cases, county assistance is required and must be rendered as medical care to the indigent. In the absence of Medicaid, counties tend often to resist these payments or make them so low that adequate nursing home care for patients with psychiatric problems is difficult to find. In some counties this appears not to cause undue retention of patients in, or original commitment of patients to, the state hos-

pital, while in other counties it appears to have that effect as such counties attempt to avoid the costs associated with caring for these persons.

V. FURTHER ITEMS TO NOTE

A general description of activities in various parts of the hospital will follow in a section entitled "The Programs in Close-up." However, two additional points will be noted here.

An informal memorandum from the Attorney General's office includes the following statement: "... the powers and duties of the State Hospital Board as outlined in A.R.S. Section 36-204, does not appear to encompass authority to conduct or participate in alcohol rehabilitation programs as such." This appears to be a peculiarity of the Arizona Statutes or a misinterpretation by the Attorney General's office. Artificial severance of the treatment of alcoholics from other programs of a state hospital appears to be unique to the state of Arizona and, unless altered, prohibits the development of needed programs for the care of alcoholics in the state hospital. Since one of the most useful areas for state hospitals to work in is the treatment of certain types of alcoholics, the impairment to the care and treatment of alcoholics in Arizona may be considerable.

The new Medical-Legal Facility (maximum security) is under construction, and it is expected that it can be occupied during the fall of 1972. It appears that with 107 beds, twenty-five of which by legislative intent should be kept available for the use of the Arizona State Prison, there will be no surplus space, but most of the present overcrowding will be relieved. It is not clear yet whether it will be necessary to ask the legislature for an addition to the Medical-Legal Facility. Such may be needed within a year or two because the number of criminal commitments continues to increase. During the fiscal year 1969-70, there were 81 criminal commitments; during 1970-71, there were 119; and during 1971-72, there were 141.

VI. RECOMMENDATIONS

1. Legislation to bring about coordination of local, county, and state hospital programs in Arizona.
2. Legislation altering commitment laws so that legal processes promote good treatment and guard against undue institutionalization.
3. Adequate funding of local programs and of the state hospital so that care of the mentally ill may be carried out effectively.

“The Programs In Close-up”

ADMISSIONS UNIT

Administrative changes were made in the Admissions Unit in October, 1971. Previously, the Admissions Unit was intimately related to the Early Discharge Unit and associated with the usual tasks of evaluating and gathering initial information regarding patients. The combined units also had a goal of quickly returning to the community those patients who were inappropriately committed to the Arizona State Hospital. By the fall of 1971 it had become apparent that this problem had largely been solved, since the number of inappropriate admissions had significantly decreased. Therefore, the Early Discharge Unit was discontinued, and in October the functioning of the Admissions Unit was changed to more of a rapid screening service; patients are admitted, initial physical examinations are performed, arrangements are made for routine tests, and the patient is rapidly transferred within the same day to his assigned psychiatric or specialized division.

The monthly rate of admissions to the Arizona State Hospital has ranged from a low of 82 to a high of 165 during the year, with the average being in the range of 100 to 115 patients admitted per month. There has been a definite shift in the legal status of admissions, in that voluntary admissions have tended to increase in number. This is a reflection of working arrangements with both St. Luke's Hospital and Maricopa County General Hospital, whereby petitions or commitments have been avoided and arrangements have been made for the patient's voluntary admission. Initially, there was considerable difficulty with the referrals from the St. Luke's system, but during the latter months of the fiscal year communications significantly improved and a satisfactory working arrangement was derived. Although no formal system exists with the Maricopa County General Hospital, voluntary admissions have increased on their referral, again as a result of improved communications.

MARICOPA I TREATMENT DIVISION

The Maricopa I Treatment Division continued to follow geographic lines during the past year, treating those patients who reside within the South Phoenix Catchment Area. In late June the Division, through a combined program with St. Luke's Hospital & Medical Center, created several Generic Teams which are designed to deal in the areas of crisis intervention, outpatient follow-up care, and patient-hospital liaison. These teams, made up of personnel from both St. Luke's Hospital and the Arizona State Hospital, are now operating out of the St. Luke's Hospital Mental Health Center in Phoenix.

MARICOPA II TREATMENT DIVISION

In September of 1971, a system for the assignment of patients to primary therapists was established on the Maricopa II Treatment Division. This system replaced a random assignment program that had been used, and provided for continuity in therapeutic programs not previously feasible.

At the beginning of the fiscal year the Division was housed in Aspen and Birch Halls. In March, due to a declining patient population, it was possible to transfer all of the Unit's patients to Aspen Hall. As the patient population gradually declined, there remained a substantially larger proportion of chronically ill individuals on the Division. To meet this new situation, several new types of individualized and intensified treatment programs were developed by Maricopa II's Mental Health Series Personnel.

During April, a three-phase program providing for the classification of patients according to their social and occupational performance was begun. This system provided for intensive treatment and activities based on the patient's ability to participate in various programs. Phase one is a program for individuals who require much supervision in daily activities. Phase two is for patients who function adequately in a hospital setting but who are deficient in social and occupational skills. The third phase of the programing is for patients who function satisfactorily in a hospital setting, but who are able to adjust adequately only for brief periods outside of the hospital.

NORTHERN TREATMENT DIVISION

The Northern Treatment Division was formed in November of 1971 from the staff and patients of the old Twelve County Division, with adjustments made in the patient population to reflect the Unit's new geographical area of responsibility which consists of the six northern counties and Yuma County.

In the early stages of the Division's reorganization a special effort was made to improve the Unit's programs, and as changes materialized more emphasis was placed on community clinic relationships with the Division. The staff was organized into treatment teams based on geographical areas and became well acquainted with the personnel and community resources of their particular areas. One team was organized exclusively for those patients who would usually be classified as "chronic." This team has utilized various testing indices, such as a Social Competence Inventory and Basic Self Skills Inventory, so that an objective measure of improvement can be ascertained.

During the year, on-ward training programs were organized under the direction of Mental Health Series Personnel. This training was designed to increase the therapeutic skills of the Division's staff. The first phase of this training utilized the Carkhuff Model which emphasized the development of empathy on the part of the staff. During the latter part of the fiscal year a transition was made to a second phase of training which primarily utilized a transactional analysis approach. As a result of these training efforts the staff has acquired greater skills and confidence in which to approach therapeutic problems.

SOUTHERN TREATMENT DIVISION

Beginning operation in November of 1971, the Southern Treatment Division is made up of the staff and patients from the dissolved Pima Division, and patients from six counties which were previously treated by the Twelve County Division. The Southern Division now consists of patients who reside in Pima, Pinal, Graham, Greenlee, Cochise, and Santa Cruz Counties.

Many modalities of treatment were initiated on the Southern Treatment Division during the past year, the major one being a token economy. Utilizing the principals of behavior modification and operant conditioning, the token economy functioned quite well with the regressed schizophrenic population of the Unit. Recently, however, there has been a shift in the patient population on the Division from more regressed to more acute patients. Because of this shift the unit has attempted to modify its token economy and gradually make a transition to a therapeutic community.

A dynamic program of in-service education has also evolved on the Southern Division. Various programs have been conducted on a once-a-week basis offering knowledgeable speakers on specific topics from all areas of the Hospital. Many workshops have also been held, varying from Transactional Analysis to Concepts in Therapeutic Community.

Early in 1971 the Southern Division started a Community Development Program involving all of the counties in its catchment area. Numerous visits were made with the judges, county attorneys, and Mental Health boards. Because of these meetings, a Community Development Treatment Team and Pinal County now help screen and evaluate prospective patients and develop follow up programs for discharged patients.

KACHINA SECOND PROGRAM

Established to provide treatment for long term "chronic" mental patients, the Kachina Second Program has now completed its first full year of operation. Since its inception, the Program has treated eighty-eight patients. Nineteen of these patients have received conditional discharges, six have received complete discharges, and only three have returned to the Hospital for treatment.

Outpatients of the Kachina Second Program are now being followed by members of the Unit's staff. This concept, utilizing an outpatient team consisting of one registered nurse and two Mental Health Series Personnel, is designed to maximize the length of stay of discharged patients in the community.

In January, a sophisticated, three-phase, token economy program was introduced on the Unit which encompassed all patients. The first phase of this program deals with patients with primary behavior problems, the second phase is designed for patients more capable of caring for themselves, and the final phase concerns itself with preparing patients for discharge.

SOCIAL LEARNING UNIT

Funded in part by a Hospital Improvement Project Grant from the National Institute of Mental Health, the Social Learning Unit began operation on November 1, 1971. The Unit is designed to provide treatment services to the type of patient who is best described by the adjectives "marginal" and "socially disruptive."

The three major goals of the Unit are treatment, training and research, with the latter two goals being ancillary to the Unit's primary mission of providing treatment services.

The primary research goal of the Unit is to determine effective and efficient treatment techniques which will allow patients to return to the community as productive citizens. The Social Learning Unit's current research involves the use of computers in analyzing patient behavior data.

Staff training on the Unit has included visits by consultants from nationally recognized behavior modification programs as well as specialized in-service training programs aimed at teaching the therapeutic skills required on the unit.

GERIATRIC DIVISION

This past year saw an improvement in the staffing pattern of the Geriatric Division. The Division now has two full-time physicians, one half-time physician, two full-time social workers, and one half-time psychiatrist.

A definite improvement was seen in the willingness of counties to assist in providing care, in their local nursing homes, for patients coming from their areas. There was also improvement in the placement of patients from Maricopa County, the source of the largest portion of the Division's patient load, through the cooperation of the Maricopa County Department of Health Services.

Numerous nursing schools from around the state continued to visit the Geriatric Division to observe the treatment techniques being used. Lectures and tours were offered to these groups which complemented their regular curriculum.

CHILD PSYCHIATRY

There were several important developments on Child Psychiatry during the past fiscal year. In terms of both immediate impact and long-range planning, the most significant occurrences were

the increase in the number, and a change in the type of patients being admitted to the Unit. The admissions rate of the Program has increased from an average of ten, to twelve patients per month and a greater number of severely disturbed and psychotic adolescents are now being admitted. These two factors have caused the Program's work load to greatly increase, and it is now apparent that any further increase in the number of inpatients can no longer be managed with the present level of staffing without seriously affecting the quality of treatment offered.

Another significant development during the year was the expansion of the outpatient service and consultation efforts of the Program. In September, 1971, one Mental Health Specialist was assigned to the Childrens Outpatient Clinic. With the addition of this staff member the Program has been able to provide extensive outpatient services to the community. Consultation with other agencies in the community, including the Maricopa County Juvenile Detention Home and the Dysart Public Schools, has begun by utilizing several staff members on a one-half day per week basis. This program has been most effective, but will not be able to be expanded further without additional personnel.

An important part of Child Psychiatry is the Nueva Vista School. This year the School established a program of testing selected children for specific learning disabilities. From this testing program it was determined that a considerable percentage of children admitted to Child Psychiatry as emotionally handicapped have coexisting severe learning disabilities which, at the least, tend to exacerbate the child's poor self-image and difficulties with school.

Developed well in advance of similar programs to be established by Arizona Public Schools, the Nueva Vista School established academic and behavioral goals, stated in behavioral terms, for each of its students. By implementing this program, the School is now able to measure the academic and behavioral improvement of its students.

FORENSIC PSYCHIATRY

Continued staff development and education have played an important part in the Program's functioning. Greater emphasis has been placed on the use of group therapy as a major mode of treatment and a distinct effort was made to humanize the atmosphere in the Unit.

Relief for the Forensic Psychiatry Program, which has been operating in grossly inadequate and overcrowded facilities for years, is now close at hand. The construction of the new Medical Legal Facility is well under way and completion is expected during the fall of 1972.

MENTAL RETARDATION

While movement on the Mental Retardation Program was the same slow, painstaking process as experienced in previous years, many improvements were made. A new approach, based on family therapy, was developed which provides new services to the community. This program includes the acceptance of patients who are experiencing problems at home but who have never been inpatients at the Hospital. The service was initiated to help meet some of the needs in Maricopa County for the Department of Mental Retardation.

Large-scale behavioral training began last year with a pilot token economy program on both the male and female open wards. The year ended with the relocation of the residents on those wards so that they now live in adjacent areas and share a common patio. This relocation has allowed the Mental Retardation Program's staff to concentrate more on approved behaviors in incidental social encounters, and increased the number of supervised group activities.

The rehabilitation services of the Program continued to grow with the addition of a Special Education Teacher, Recreational Therapist, and Physical Therapist. Special in-service training

programs were initiated to train the Division's Mental Health Series personnel in special assessment processes for better treatment planning.

MEDICAL DIVISION

Formerly known as the Physically Infirm Unit, the Medical Division continues to function as a hospital within a hospital, providing continued psychiatric care during periods requiring bed hospitalization.

During the past year a reward system was initiated on the Medical Division to assist the staff in motivating some patients to do more for themselves and to complement behavior modification programs operating in some of the patients' home units.

SOUTHERN ARIZONA MENTAL HEALTH CENTER

The Southern Arizona Mental Health Center has made extensive progress within its community and through its relationship with the Arizona State Hospital in establishing and expanding a network of comprehensive and quality-oriented mental health services. The continued implementation of the Combined Mental Health Care Program, through an agreement with the Pima County Hospital and The Department of Psychiatry of the University of Arizona College of Medicine, has led to a continued decrease in the number of admissions to the State Hospital and in the census of Pima County residents at the Hospital. On June 30, 1972, there were only 104 patients from Pima County residing at the Arizona State Hospital.

Funds, appropriated during the 1971 legislative session, were utilized during the past year to purchase the land and buildings necessary for the inauguration of a Halfway House Program. This is the first Halfway House Program in the state of Arizona. Three Halfway Houses, serving twenty-four patients, have been opened and a fourth will be available shortly after the beginning of the current fiscal year.

On June 1, 1972, a new Consultation and Education Unit, designed to coordinate programs of the Southern Arizona Mental Health Center which provide consultation and educational services to residents of Pima County and to other human service agencies within the County, began operation. In providing consultative and educational services, this Unit will hopefully increase the ability of other human services agencies to recognize and act as interveners in early emotional problems, thereby preventing the development of serious emotional problems which require the direct services of the Southern Arizona Mental Health Center.

The Southern Arizona Mental Health Center continued an active in-service educational program which included special workshops presented by various professionals from other communities on group therapy, psychoanalytic principles in community mental health, and volunteer-professional relationships. The Center also played an active role in establishing training programs in cooperation with many professional schools in the state. These include: the Department of Psychology at the University of Arizona, the College of Nursing at the University of Arizona, the School of Rehabilitation at the University of Arizona, and the Department of Psychiatry at the University of Arizona College of Medicine.

COMMUNITY TEAM

With the decline in the patient population of the Arizona State Hospital, the movement from the Hospital to boarding homes increased. During the year some 348 patients were screened for placement by the Community Team. Of those patients screened, 285 were placed in boarding homes and 26 received placement in sheltered care facilities.

The problems involved with obtaining adequate dental care for patients residing in boarding homes have continued. While dental care in the form of extraction can be obtained through the County Hospital system, no other services are provided. As a result of this situation, other dental care must come from private sources which is, in many cases, expensive and therefore economically impossible.

NURSING

The primary concern of the Nursing Program continued to be the maintenance of adequate nursing staff levels. Some improvement was made in the nursing staff level this year with the addition of several new nursing positions and the decrease in the patient census.

Throughout the year the Nursing Program was heavily engaged in conducting and participating in continued education programs. These programs included a forty-hour course of instruction in Licensed Practical Nurse Pharmacology, a twenty-eight hour program in Problem Solving, and the training or retraining of six hundred thirty Hospital employees in Emergency Cardio-pulmonary Resuscitation.

PSYCHOLOGY DEPARTMENT

The shift, initiated in recent years, away from the more traditional and outmoded roles of the psychologist has been continued. Activities emphasizing training, consultation, program development, and research have been more fully developed. As a result, Psychology Department staff members have become increasingly involved in a much broader spectrum of the Hospital treatment program. Special focus has been placed upon consulting and training activities, particularly, programs which are designed to increase the treatment and assessment skills of the paraprofessional personnel. A cogent example of this kind of effort has been the recent development of a new and more efficient psychology testing program in which paraprofessional personnel have been trained to administer a diagnostic screening battery. The end result has been faster service and the release of the psychologist for more treatment-oriented activities.

In addition to unit level training and consultant programs, the Psychology Department continued to be heavily invested in Hospital-wide staff development programs as well as participating extensively in pre- and in-service training programs for Mental Health Series personnel. Similarly, the training program in clinical psychology, which is jointly administered by the psychology departments of the Hospital and Arizona State University, has continued to grow into an important and viable training endeavor. The time and effort devoted to this program have been amply rewarded by the significant contributions which the Clinical Trainees have made to almost every phase of the overall Psychology Department.

The Psychology Department has recently embarked upon the initial phases for the development of a comprehensive assessment program which will be directed toward assessing patients relative to their potential and program suitability rather than in terms of their diagnosis.

REHABILITATIVE THERAPIES

The programs of the Rehabilitative Therapies can generally be divided into two categories: the treatment and training of inpatients in preparation for their return to the community; and follow-up services, provided to outpatients, and designed to prevent relapses and to develop potential skills.

The treatment and training of inpatients begins with an assessment of the physical and social resources of each incoming patient. This assessment includes an appraisal of a patient's speech,

hearing, vision, gross and fine motor coordination, and social and work skills. In the future these assessments will include more specific identifications of problems in these various areas.

The follow-up services of the Program have been greatly enhanced with the establishment of the Roosevelt Rehabilitation Center. Located at 2022 East Roosevelt Street in Phoenix, the Center provides work evaluation and other related services to outpatients of the Hospital and does preventative work with voluntary outpatients who have never been in the Hospital. Receiving referrals from many local agencies, the Roosevelt Rehabilitation Center has come to be a concrete example of how community agencies can work together to prevent hospitalization.

Designed to serve both the inpatient and outpatient, a sheltered workshop and an associated activities workshop were established by Rehabilitative Therapies during the last year. These workshops allow patients to receive some pay while they are training for employment. Patient productivity can be measured against that of a non-handicapped worker and, the patient can measure his own gains in skill and confidence from week to week. The sheltered and activities workshops have greatly increased the Program's work evaluation potential and should show considerable expansion in the next year.

SOCIAL SERVICE

Members of the Social Service Program function primarily as psychiatric social workers throughout the treatment programs of the Hospital. In addition, they are involved in research, education, and training activities.

This year marked an intensification of a developing trend toward more coordination and cooperation with community agencies, programs, and personnel external to the Hospital. Basic to the development of joint programs and cooperative endeavors in general is the department's research activities. An ongoing effort is made to identify high risk patient groups in terms of a variety of variables. Studies have recently been completed on the characteristics of patients admitted during the past fiscal year from the twelve rural counties as well as patients from "high incidence" census tracts in Maricopa County.

Program research activities directed toward the problem of the "geriatric-indigent patient" and the factors which impede his return to the community resulted in the development of a conjoint procedure between the Geriatric Division of this hospital and the extended care division of the Maricopa County General Hospital.

Recognizing that more and more patients can be successfully treated in their home communities and thus prevent needless State Hospital admissions, two workshops were presented by nationally prominent experts in the field of community mental health. The workshops were entitled, "Innovative Programs Designed for High Risk Populations," and "Partial Hospitalization and Other Alternatives to 24-Hour Care." These workshops were only part of a trend of in-service training to prepare Hospital and community mental health personnel for new roles in the emerging pattern of community-based mental health delivery systems.

In the area of education and training, a cooperative arrangement with the Graduate School of Social Work at Arizona State University continues. Under close supervision, eight students completed field work training during the past year. Members of the staff have also been involved in designing and presenting a social work curriculum for the training of Mental Health Series personnel, and participated in the Hospital's Residency Training Program in psychiatry.

RELIGIOUS SERVICES

"Change" is probably the most effective way to describe the Religious Program for the past year, because the changes in organized religion generally have affected the program at the Hospital.

The Program has given greater focus to the life-style of individuals than to the specific problems expressed by individuals, thus, attempting to help each person adopt a life-style that is more workable for that person. In order to accomplish this, greater use was made of art forms in the program. For example, attempts were made to communicate through contemporary parables. In this way a person can do some thinking for himself, and apply some principles of his own situation rather than respond to rules or boxed-in concepts.

One-to-one pastoral care and counseling before, during, and after hospitalization continued, and sustained contact with some former patients was maintained by various means, i.e., telephone, visits to boarding homes, and the return of former patients for counseling.

The Chaplain's staff participated in a variety of continued education programs, and assisted community clergy through consultations, workshops, and conferences throughout the year.

ADULT AND ADOLESCENT LEARNING CENTER

A new approach to the education of the Hospital's mentally retarded patients has been developed and instituted by the Adult and Adolescent Learning Center. This program was derived from staff investigation, financed by National Institute of Mental Health grant monies, into the programs existing at other hospitals.

This year found 654 patients participating in the programs of the Center for a total of 21,346 hours of instruction. Twenty-three patients earned G.E.D. or High School Equivalency Certificates, while three qualified for Eighth Grade Equivalency Certificates and one patient received his Tenth Grade Equivalency Certificate. Relationships with Arizona State University were maintained at a high level with 23 Observation-Participation students from that institution taking part in the Center's programs.

VOLUNTEER SERVICES

The Volunteer Services Program went through a period of change this year following the January consultation visit of Julian Rappaport, Ph.D., of the University of Illinois. Changes have been made in the areas of selection, training, and utilization of the Hospital's volunteers.

This year some 15,400 hours of volunteer work were donated by approximately 160 volunteers. Of particular note is the fact that one volunteer contributed more than 1,500 hours of work to the Hospital during the year.

Various religious, social, and civic groups continued to offer their services throughout the year, and were always well received. Operation Santa Claus was highly successful with every Hospital patient receiving at least two gifts last Christmas.

PSYCHIATRIC RESIDENCY TRAINING PROGRAM

In its second full year of operation, the Psychiatric Residency Training Program continued to have first-year residents, under close supervision, treat adult outpatients through the Fillmore Mental Health Service, college students through the Student Health Service of Arizona State University, and child outpatients through the Child Psychiatry Treatment Division.

Second-year residents have worked in a program combining the facilities of the Arizona State Hospital, St. Luke's Hospital, and the South Phoenix Catchment Area, endeavoring to provide ear-

lier, more therapeutic interventions, which would be likely to reduce the need for admission to the State Hospital. Supervised clinical experiences have been supplemented with relevant seminars throughout.

A full quota of first-year residents will be with the program this coming year, working primarily in the Fillmore Mental Health Service. Additional affiliations have been derived for second-year residents to gain clinical experience in the County system and at the Tri-City Mental Health Center starting in July, 1972. In fiscal year 1972-73, the Psychiatric Residency Training Program will have six first-year residents, six second-year residents, and four third-year residents.

The Program received notice in June, 1972, of the approval of requests to the National Institute of Mental Health for residency training funds. The awarding of this grant will considerably assist the Residency Training Program.

DEPARTMENT OF EDUCATION, MENTAL HEALTH TECHNOLOGY

The three major formal education programs of the Department of Education, Mental Health Technology are the Pre-service Basic Educational Program, the In-service Educational Program, and the Mental Health Technology Program at Maricopa Technical College. During the past year these programs were continuously evaluated for purposes of revision and improvement, and extensive evaluation procedures for the program were developed for student comment.

All newly employed Mental Health Series personnel are enrolled in a three-week, Pre-service Basic Educational Program. This program provides each student with an orientation to the Hospital, information concerning the Hospital's structure and function and the mental health field, and initial experience as a mental health worker prior to assignment to a treatment division. Seven pre-service classes were held during the past year with 125 employees attending.

An In-service Educational Program has been designed for each classification in the Mental Health Series. All mental health workers are provided continued in-service education, oriented toward the fulfillment of the concept of the mental health generalists. The program was revised twice during the year, with the first change coming with the scheduling of classes for a full-time two-week block. This was in contrast to a series of classes previously held intermittently on a highly complex schedule basis. The second revision involved the addition of interpersonal relationship and counseling skills training. One hundred fifty, or approximately one half, of the Hospital's Mental Health Series personnel have now completed this two-week training program.

On May 17, 1971, the first group of Mental Health Series personnel to be selected for the Mental Health Technology Program at Maricopa Technical College were graduated, and received their Associate of Arts degrees. These employees, upon graduation, were promoted to Mental Health Technician I positions. Next spring, fourteen additional employees will complete the program, and a third group of seventeen employees has been selected to begin the program this fall. Graduates from this program have a very broad perspective on mental health and can assume more of the duties and responsibilities needed for effective work with the Hospital's patients. The Mental Health Technology Program at Maricopa Technical College will be aided considerably with the awarding of a National Institute of Mental Health grant. This grant will be used for improving the quality of the program and to extend training efforts to meet the needs of other community agencies employing mental health workers.

DIETARY

An ongoing program of new product testing continued to be emphasized by the Dietary Program. This program has been designed to find new food products that are both economical, from a cost and labor standpoint, and that will add nutritional value as well as variety to the menu.

Dietary's staffing was improved during the year with the acquisition of two overstrength Food Service Worker II positions, the use of Neighborhood Youth Corps personnel, and the employment of two former patients in hard to fill positions.

PHARMACY

This year the Pharmacy filled 29,178 prescriptions. Of those prescriptions, 16,357 were for 1,699 outpatients. During the year the Pharmacy also replaced drugs provided to patients at three community mental health clinics, and mailed prescriptions to patients seen at nine other clinics in the state.

A unit dose-packaging program of preparing liquids in the Controlled Substances Schedule began in March. This project will result in economy and convenience in the delivery of phenobarbital and chloral hydrate in a variety of dosage forms, not all of which are available commercially.

Education continued to play an important part in the Pharmacy Program. One Drug Therapy Seminar and one Schizophrenia Symposium were presented at the Hospital by nationally known psychiatrists. Both of these programs were approved for required hours toward the Arizona Medical Association's Certificate in continuing Medical Education. Orientation was provided for all newly employed licensed nursing personnel and lectures on drug therapy were given on a continuing basis to Mental Health Series personnel, Occupational Therapy personnel, and Dietary personnel.

LABORATORY

The Laboratory has continued to function at a high level of proficiency with a minimum of personnel. An important factor in maintaining the Laboratory's level of proficiency was the participation by its staff in numerous workshops and seminars. These educational activities, conducted by various public and private organizations, including the Department of Health, enabled the Laboratory personnel to keep abreast of the latest in laboratory techniques and procedures.

LIBRARY

The main project of the Library has been to modify its classification system to conform to the system used by the National Library of Medicine. During the classification system changeover, the Library's entire collection was inventoried and outdated material was either replaced or discarded.

A total of seven hundred twenty eight volumes were added to the Library collection during the past year, bringing the total collection to 8,806 volumes. The circulation count for the year was 33,371.

FINANCE DEPARTMENT

Collections for patients' maintenance for fiscal year 1971-72 were the highest in the history of the Arizona State Hospital, totaling \$1,751,331. This amounted to an increase of \$213,892, or 14%, over the collections for fiscal year 1970-71. The total collections for the past fiscal year amounted to 18.4% of the total Arizona State Hospital General Fund Operating budget, excluding Capital Outlay.

During the past year a major change was made in the method of handling patients' funds on deposit at the hospital. In previous years these funds were kept in a checking account and there-

by drew no interest. In June, 1972, an arrangement was consummated with the First National Bank of Arizona to handle these funds in a savings account and report interest earned on each individual patient's account. This program will provide interest income which the patients may draw for their own benefit. While the interest income may not be significant for most individual patients' accounts, the total amount will probably be considerable since the average balance of all accounts is estimated to be in excess of \$100,000.

The Arizona State Hospital presented a budget request in September of 1971 for fiscal year 1972-73 based on Program Budgeting. This was a major change from the line item budget presentation of previous years. The Hospital has made previous attempts to present a Program Budget, but this was the first year in which official recognition of the concept has been made by both the Legislature and the Governor's Office. The flexibility provided by this method should prove to be a distinct advantage in conducting the Hospital's business and providing care for the patients.

PERSONNEL

Reducing the Hospital's employee termination rate continued to be a major objective of the Personnel Program. Through improvements in personnel practices, recruiting, selection and supervision, the annual termination rate has been reduced to 30½ percent. This figure represents a 5½ percent decrease over fiscal year 1970-71's rate and a 17½ percent decrease over fiscal year 1969-70's rate.

The Personnel Program has continued to be the Hospital's focal point for coordinating and providing training sites for disadvantaged persons. In addition to approximately 65 Neighborhood Youth Corps Workers, several persons from the Public Service Careers Program were employed and training sites were provided for others engaged in the Work Experience and Youth Work Experience Programs.

Staff members of the Personnel Program actively participated in numerous special training activities including several sessions of the Governor's Defensive Driving Program, conducted for 175 Hospital employees, a Supervisory Training Program, for 91 middle management and first-line supervisors, and the In-service program for Mental Health Series personnel.

SECURITY, TRANSPORTATION AND COMMUNICATIONS

Although the Hospital's patient census declined, the workload of the Security, Transportation and Communications Program increased. The most significant achievement during the past year was seen in the Hospital Fire Safety Program, where a 25 percent decrease in reported fires was observed. This decrease was achieved as a direct result of the upgrading of the Hospital's Fire Training Program.

All Security staff members completed a twelve hour law enforcement training program. The training was held in conjunction with the Public Service Careers Program, and plans have been made to provide a more intensified program during the coming year.

DATA PROCESSING

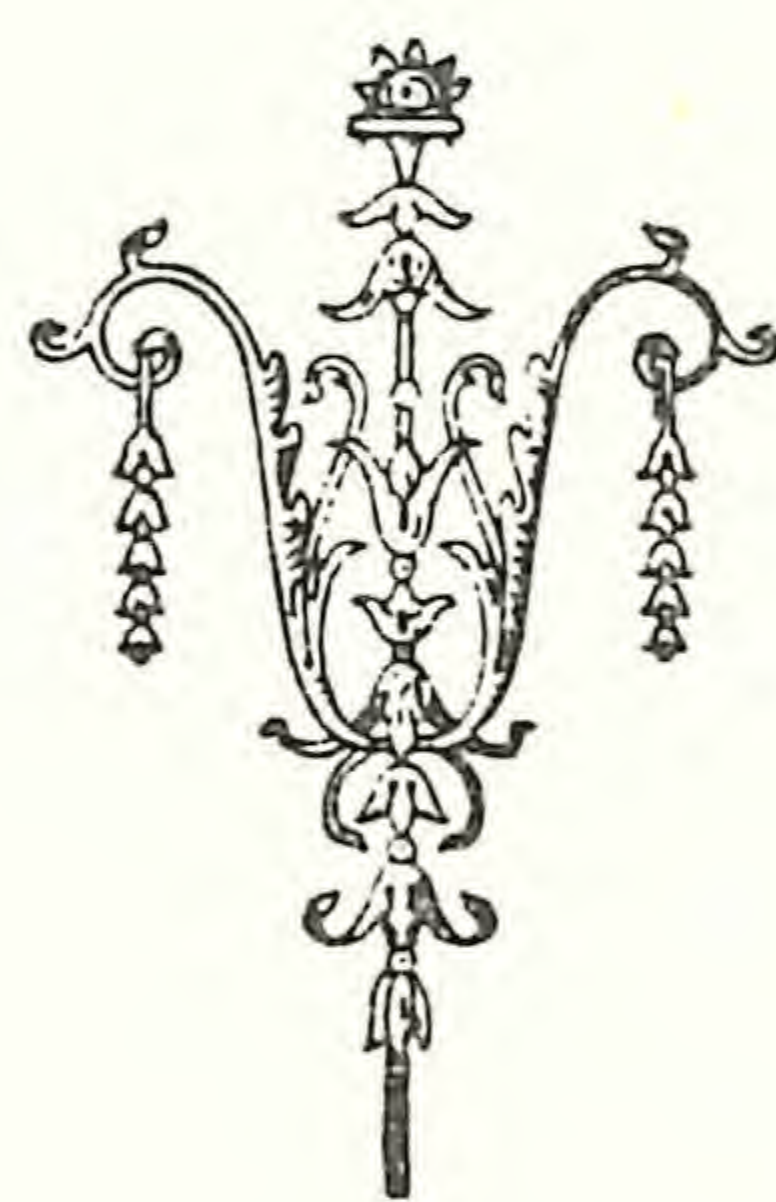
The past year was both a rewarding and trying period for the Data Processing Program. Rewarding, because many of the Hospital's major systems, including the appropriation accounting, supply distribution, cost accounting, and the daily patient system, became fully operational in a large-scale computer system. It was also a trying period due to the loss of the services of the ADAPT Group at the Arizona State Prison. Since the inception of programming efforts at the Hospital, the ADAPT Group was utilized for the major part of the programming effort. As of April 1,

1972 their services were no longer available on a "free" basis and, due to the additional costs involved, the Hospital was forced to discontinue its use of the group. This loss will result in a considerable slowdown in the completion of projected programming plans.

REGISTRAR

Education and modernization were key subjects for the Registrar's Office this year. A Workshop for Medical Records Personnel was presented to all interested persons in the State concerned with psychiatric medical records. This program, which lasted two days, was extremely well attended and provided many with new insight into the area of medical records keeping.

The demand for greater efficiency in the transcribing of medical records was taken into consideration when the outdated central dictating system was surveyed and a new, endless loop system was ordered. The quality of dictation and its resulting transcription is expected to improve greatly because of this improvement.



1971-1972 PATIENT POPULATION SUMMARY

Inpatients - June 30, 1971.....999

ENTRIES TO INPATIENT CENSUS:

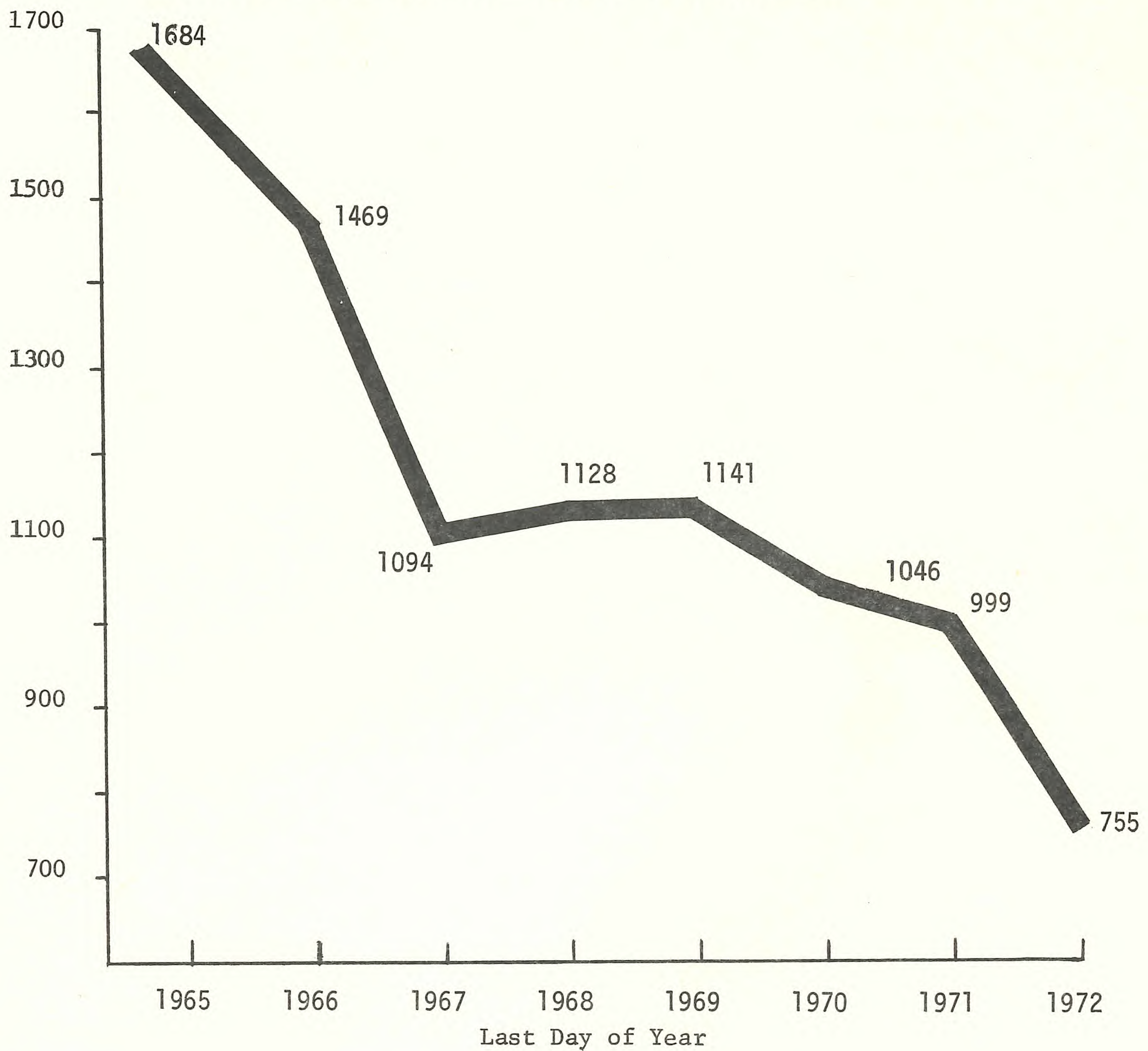
First Admissions.....	753
Readmissions.....	447
Re-entries from Conditional Discharge.....	304
Re-entries from Unauthorized Absence.....	85
TOTAL ENTRIES.....	1,589

EXITS FROM INPATIENT CENSUS:

Complete Discharges.....	1,102
Conditional Discharges.....	552
Deaths.....	63
Unauthorized Absences.....	114
Other Exits.....	2
TOTAL EXITS.....	1,833

Inpatients - June 30, 1972.....	755
Patients on Conditional Discharge.....	861
Patients on Unauthorized Absence.....	71
Total on Books - June 30, 1972.....	1,687

INPATIENT CENSUS TREND - FISCAL YEARS 1965 - 72



INPATIENT RATES PER 1000 POPULATION - 1965 - 1972

<u>Fiscal Year</u>	<u>Arizona Population</u>	<u>June 30 Inpatients</u>	<u>Rate</u>
1965	1,575,000	1,684	1.07
1966	1,610,00	1,469	.91
1967	1,646,00	1,094	.66
1968	1,685,00	1,128	.67
1969	1,725,000	1,141	.66
1970	1,772,482	1,046	.59
1971	1,834,000	999	.55
1972	1,885,000	755	.40

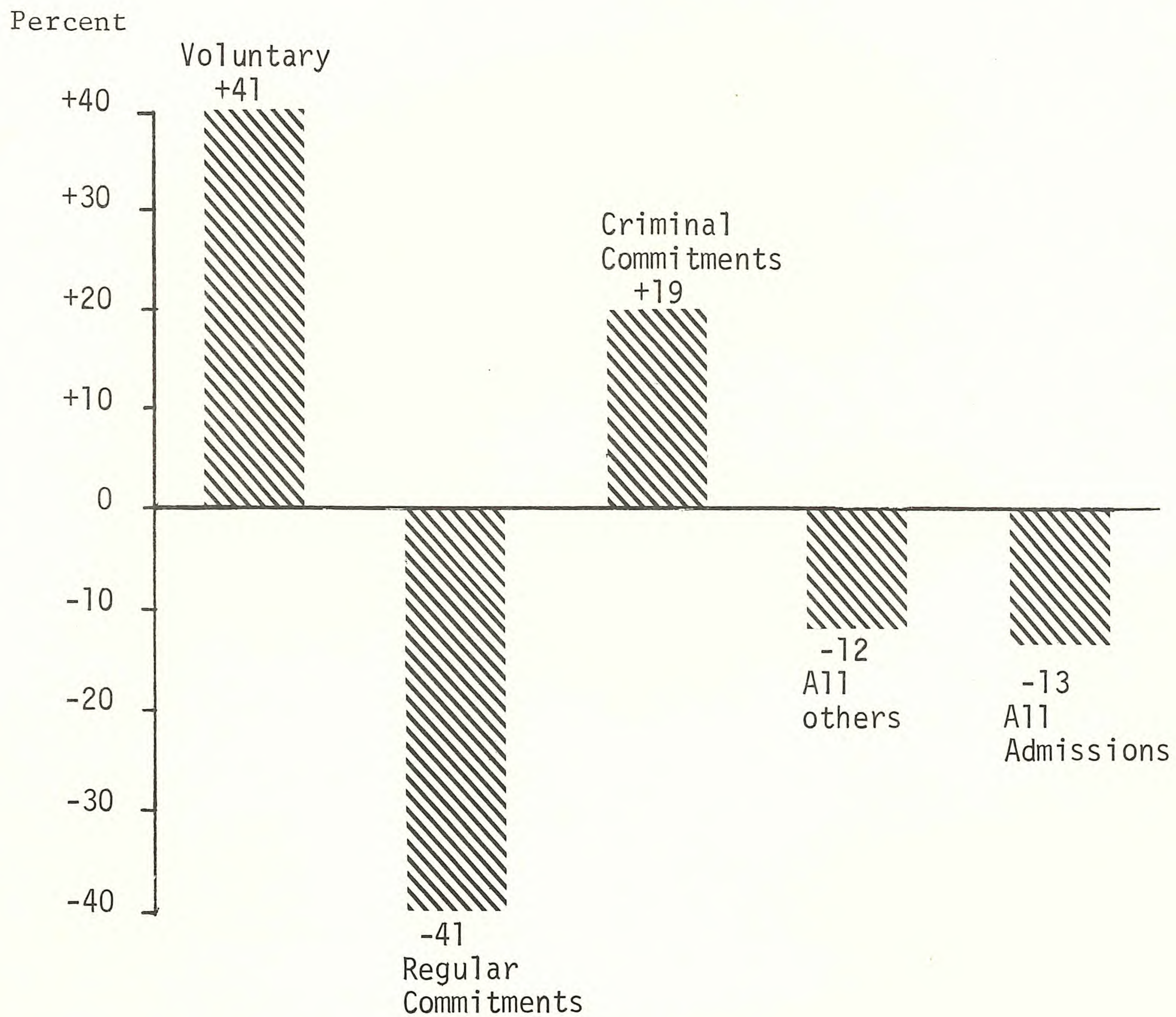
Admission Entries* by Legal Status - Fiscal Years 1970-71 and 1971-72

	<u>1970-71</u>	<u>1971-72</u>	<u>Percent Change</u>
Voluntary	345	485	+41
Regular Commitments**	810	480	-41
Criminal Commitments	119	142	+19
Juvenile Commitments	45	45	---
All others	61	48	-21
TOTAL	1380	1200	-13

* Includes first admissions and readmissions

** Includes civil (30 days) observations

Percent Change in Admission Entries by Legal Status Fiscal Year 1971 - 72 vs. 1970 - 71



Entries by County - Fiscal Years 1970-71 and 1971-72

<u>County</u>	<u>1970-71</u>	<u>1971-72</u>	<u>Percent Change</u>	<u>1971-72</u> <u>Percent of:</u> <u>State</u> <u>Population</u> <u>Total Entries</u>	
Maricopa	1159	1079	-7	55	68
Pima	203	110	-46	20	7
Pinal	109	93	-15	4	6
Cochise	60	46	-23	3	3
Yuma	95	81	-15	3	5
All other Counties	191	180	-6	15	11
TOTAL STATE	1817	1589	-13	100	100

Maricopa County Entries by Catchment Area Fiscal Years 1970-71 and 1971-72

<u>Catchment Area</u>	<u>1970-71</u>	<u>1971-72</u>	<u>Percent Change</u>	<u>1971-72 Entries</u> <u>rate per 1000*</u>
Northwest	60	66	+10	.83
North	86	81	-6	.63
Northeast	35	35	--	.38
Centralwest	94	81	-14	.69
Centraleast	101	109	+8	1.00
Southwest	67	104	+55	1.00
East	114	129	+13	.71
South	466	345	-26	2.21
Out of County or unknown**	136	129	-5	--
TOTAL	1159	1079	-7	1.12

* Population source - U.S. Bureau of the Census - 1970

** Admission was from Maricopa County but residence may not have been

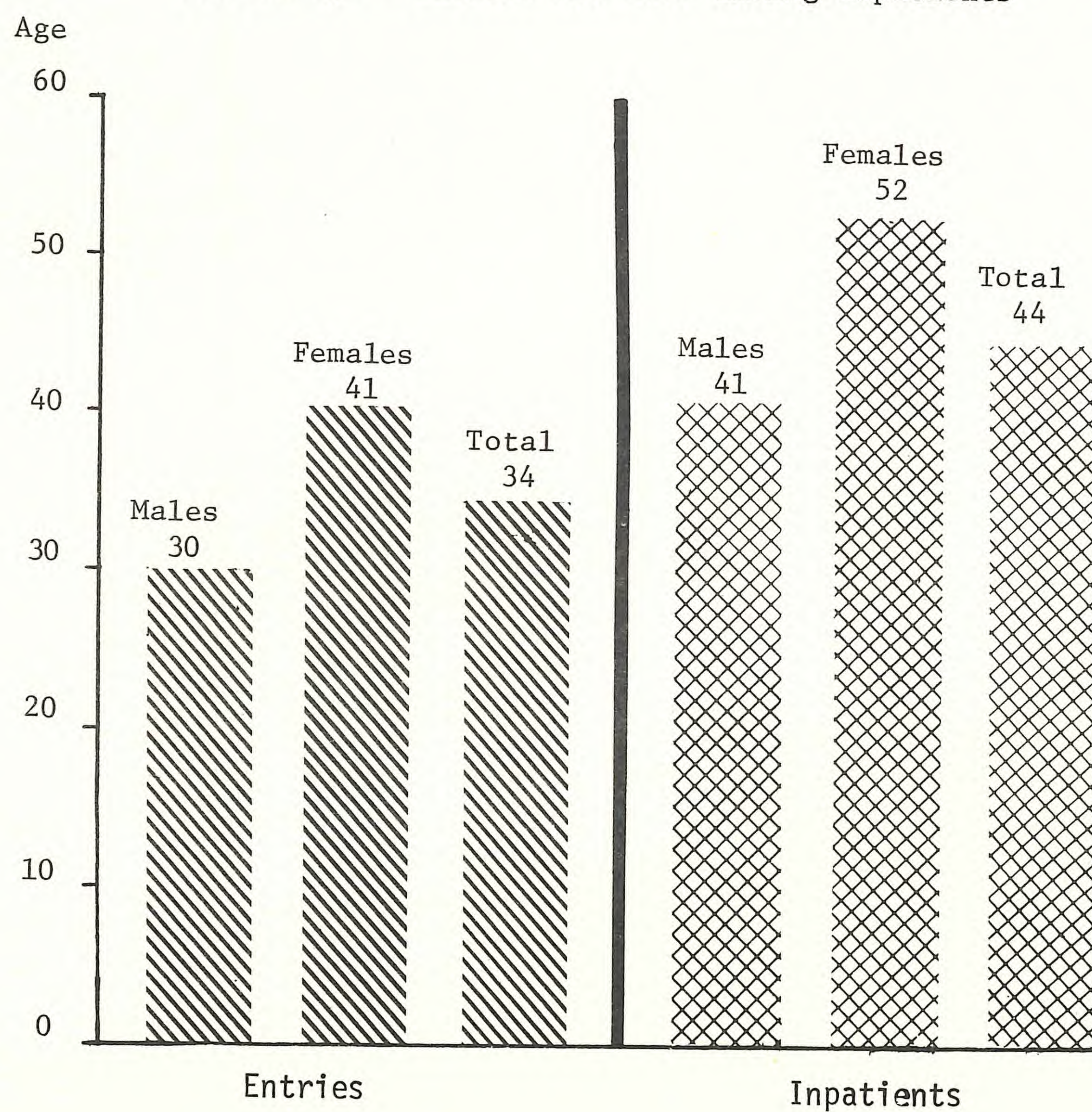
Percentage Distribution of Fiscal Year 1971 - 72

Entries and Inpatients as of June 30, 1972 by Age and Sex

Percentage Distribution

<u>Age</u>	<u>Entries</u>			<u>Inpatients</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 15	4	3	4	3	3	3
15-24	32	18	26	17	10	14
25-44	41	37	39	36	24	31
45-64	16	33	23	28	35	31
65 and over	7	9	8	16	28	21
TOTAL	100	100	100	100	100	100
Median Age	30	41	34	41	52	44
TOTAL NUMBER	922	667	1589	442	313	755
	Males - 58%			Males - 59%		
	Females - 42%			Females - 41%		

Median Age - Entries and Year Ending Inpatients



1971-1972 Expenditures

CLASSIFICATION	Appropriation	Expended*	Balance Forward
GENERAL FUND APPROPRIATION			
Personal Services	\$6,530,857	\$6,459,136	
Employee Related	823,531	807,158	
Professional & Outside Services	400,000	379,420	
Travel - State	16,755	16,617	
Travel - Out of State Personnel	5,000	4,864	
Return of Patients	21,000	20,426	
Food	495,000	456,877	
Other Operating Expenditures	1,230,813	1,176,904	
Psychiatric Residency Program	75,000	72,992	
Capital Outlay - Equipment	<u>75,000</u>	<u>74,833</u>	
TOTAL	<u>\$9,672,946</u>	<u>\$9,469,227</u>	
CAPITAL OUTLAY			
Land, Bldg., & Improvements	\$ 62,843	\$ 18,359	\$ 44,484
SAMHC - Land Purchase	185,577	137,309	48,268
Fire & Life Safety	475,000	6,575	468,425
Medical Legal Facility	<u>2,245,224</u>	<u>1,650,555</u>	<u>594,669</u>
TOTAL	<u>\$2,968,644</u>	<u>\$1,812,798</u>	<u>\$1,155,846</u>

*Subject to final adjustment

EXPENDITURES — Continued:

CLASSIFICATION	Receipts	Expended	Balance Forward
OTHER FUNDING			
Federal Funding			
Social Learning Project	\$ 88,000	\$ 74,555	\$ 13,445
Hospital Staff Development	25,000	24,434	566
Adult Basic Education	4,121	4,059	62
Education for Disturbed Children	44,297	30,901	13,396
Institutional Library Service	13,819	11,506	2,313
Vocational Rehabilitation	100,255	92,884	7,371
Endowment Earnings	238,710	34,097	204,613
Donations	4,586	3,903	683
TOTAL	<u>\$ 518,788</u>	<u>\$ 276,339</u>	<u>\$ 242,449</u>

PATIENT MAINTENANCE COLLECTIONS
FISCAL YEARS 1968-72

